

Maryland Learning Collaborative to Support Opioid Use Disorder Examination and Treatment Act and Medications for Addiction Treatment (MAT) Implementation for Justice-Involved Populations

Data workshop: Practical approaches to Data Reporting for HB 116
June 14, 2023



MAT COACHING TEAM: HEALTH MANAGEMENT ASSOCIATES (HMA)



JULIE WHITE, MSW
County Coach



RICH VANDENHEUVEL, MSW
County Coach



MARC RICHMAN, PH.D
County Coach



JOHN VOLPE, LCSW
County Coach



DEBBI WITHAM, MSW, JD
County Coach



DEBORAH ROSE, Psy.D
County Coach



JEAN GLOSSA, MD, MBA, FACP
Project Director



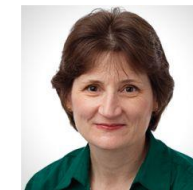
BREN MANAUGH, LCSW-S
CCTS-
TA Lead



SHANNON ROBINSON, MD
Subject Matter Expert



KEEGAN WARREN, JD, LLM
Subject Matter Expert



MARGARET KIRKEGAARD, MD, MPH
Subject Matter Expert



**Additional
Faculty:
Clinical
Advisors and
Subject Matter
Experts**

CONTINUING EDUCATION CREDITS

- Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2022–09/22/2025. Social workers completing this course receive 1.0 continuing education credits.
- To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- The American Academy of Family Physicians (AAFP) has reviewed Maryland Learning Collaborative to Support Act and MAT Implementation for Jurisdictions Learning Series and deemed it acceptable for AAFP credit. Term of approval is from 01/31/2023 to 01/30/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.**
You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 10–12 business days of course completion.

GETTING TO KNOW EACH OTHER

Who is with us today?

- Please introduce yourself
- Your name, jurisdiction/location and role/position



Image Source: <https://www.daterichmenclub.com/wp-content/uploads/2018/02/Getting-to-Know-Each-Other-1.jpg>

COACHING COMPONENTS:

Addressing Act Requirements

Medications for
Addiction
Treatment (MAT)

Behavioral Health
Interventions

Screening and
Assessment

Peer Services

Medicaid screening
and enrollment
processes

Diversion/Medicati
on Administration
Integrity

Data workshop: Practical approaches to Data Reporting for HB 116

Nathan Kemper, Maryland Statistical Analysis Center Director
June 13, 2023



TODAY'S LEARNING OBJECTIVES

- Apply consistent data collection and reporting processes using data definitions.
- Define key required data point measures to support accurate data reporting.
- Address any questions surrounding data collection and reporting.

HOUSE BILL 116: DATA REQUIREMENTS – THE “*WHY*”

- Overarching aim is to measure program effectiveness
- Identify barriers in programming across the State
- Track individuals as they move through established programs
- Impact future funding decisions

HOUSE BILL 116: DATA REPORTING REQUIREMENTS

- Number of unique inmates examined
- Number of inmates with:
 - Mental health diagnosis
 - Opioid use disorder diagnosis
 - Non opioid use disorder diagnosis
 - Dual diagnosis (mental health and substance use disorder)
- Number of inmates
 - Receiving medication prior to incarceration
 - Continued to receive the same medication during incarceration
 - Initiated MAT during incarceration
 - Discontinued medication during incarceration
 - With opioid use disorder who were NOT being treated with medication prior to incarceration
 - Receiving MAT pre-release
 - Receiving MAT pre-release that had a reentry plan
 - On each type of medication and prevalence of each type (prior to incarceration and during incarceration)
- Percent of days inmates with opioid use disorder received medication will be calculated based on data provided

For Reporting Guide and Reporting Template:

<http://goccp.maryland.gov/opioid-use-disorder-and-examinations/>

DATA POINT: DEFINITION OF ASSESSMENT

- Because [House Bill 116 \(2019\)](#) requires screenings, assessments, and evaluations of inmates, and uses these terms interchangeably, the following definition will be used for the purpose of reporting data:
 - *“Each local correctional facility must conduct an assessment of the mental health and substance use status of each inmate using evidence-based screenings and assessments to determine if the medical diagnosis of an opioid use disorder is appropriate and if MAT is appropriate. If a required assessment indicates opioid use disorder, an evaluation of the inmate must be conducted by a specified health care practitioner, and information must be provided to the inmate describing medications used in MAT. In addition, MAT must be available to an inmate for whom such treatment is determined to be appropriate, as specified.”*

DATA POINT: DEFINITION OF REENTRY PLAN

- House Bill 116 (2019) provides the following information regarding a plan of reentry:
 - “. . . before the release of an inmate diagnosed with opioid use disorder, a local correctional facility must develop a plan of reentry that:
 - includes information regarding post-incarceration access to medication continuity, ‘peer recovery specialists,’ other supportive therapy, and enrollment in health insurance plans;
 - includes any recommended referrals by a health care practitioner to medication continuity, peer recovery specialists, and other supportive therapy; and
 - is reviewed and, if needed, revised by a health care practitioner or peer recovery specialist.”

CASE STUDY: INDIVIDUAL #567

- Individual #567 is detained on April 1, 2023 for parole violation. He is known to the jail by custody and healthcare staff, and previous psych diagnosis on record is schizoaffective disorder. He also has a documented diagnosis of opioid use disorder.
- He was on buprenorphine previously at the jail and in the community but has been variably compliant with MOUD. During the standard intake nursing health assessment, the UDS is negative for buprenorphine. Nursing conducts the COWS and determines he is not in acute withdrawal.
- Because of his known psychiatric diagnosis, he is evaluated as soon as possible by the jail behavioral health medical provider who restarts him on psychotropic medication.
- On April 10, 2023, individual requests to restart buprenorphine for “cravings” when seen at sick call by jail medical. Jail medical agrees to restart buprenorphine. On April 18, 2023, individual states that he wants to stop buprenorphine due to perceived side effects. He voluntarily stops buprenorphine and signs a written agreement to do so. Buprenorphine is stopped.
- Individual is preparing for release to psych supportive housing. Assessment by that facility suggests that individual receive LAI naltrexone prior to release on April 20, 2023. Individual agrees and receives injection and is released. Psych supportive housing will continue LAI naltrexone.

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- How many assessments?

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- How many assessments? **Four**

CASE STUDY: INDIVIDUAL #567 - DATA ENTRY

- Individual #567 is detained on April 1, 2023 for parole violation. He is known to the jail by custody and healthcare staff, and previous psych diagnosis on record is schizoaffective disorder. He also has a documented diagnosis of opioid use disorder.
- He was on buprenorphine previously at the jail and in the community but has been variably compliant with MOUD. During the standard intake nursing health assessment, the UDS is negative for buprenorphine. Nursing conducts the COWS and determines he is not in acute withdrawal.
- Because of his known psychiatric diagnosis, he is evaluated as soon as possible by the jail behavioral health medical provider who restarts him on psychotropic medication.
- On April 10, 2023, individual request to restart buprenorphine for “cravings” when seen at sick call by jail medical. Jail medical agrees to restart buprenorphine. On April 18, 2023, individual states that he wants to stop buprenorphine due to perceived side effects. He voluntarily stops buprenorphine and signs a written agreement to do so. Buprenorphine is stopped.
- Individual is preparing for release to psych supportive housing. Assessment by that facility suggests that individual receive LAI naltrexone prior to release on April 20, 2023. Individual agrees and receives injection and is released. Psych supportive housing will continue LAI naltrexone.

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- What is the initial diagnosis for this individual?

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- What is the initial diagnosis for this individual? **Dual Diagnosis.**

CASE STUDY: INDIVIDUAL #567

- Individual #567 is detained on April 1, 2023 for parole violation. He is known to the jail by custody and healthcare staff, and previous psych diagnosis on record is schizoaffective disorder. He **also** has a documented diagnosis of opioid use disorder.
- He was on buprenorphine previously at the jail and in the community but has been variably compliant with MOUD. During the standard intake nursing health assessment, the UDS is negative for buprenorphine. Nursing conducts the COWS and determines he is not in acute withdrawal.
- Because of his known psychiatric diagnosis, he is evaluated as soon as possible by the jail behavioral health medical provider who restarts him on psychotropic medication.
- On April 10, 2023, individual requests to restart buprenorphine for “cravings” when seen at sick call by jail medical. Jail medical agrees to restart buprenorphine. On April 18, 2023, individual states that he wants to stop buprenorphine due to perceived side effects. He voluntarily stops buprenorphine and signs a written agreement to do so. Buprenorphine is stopped.
- Individual is preparing for release to psych supportive housing. Assessment by that facility suggests that individual receive LAI naltrexone prior to release on April 20, 2023. Individual agrees and receives injection and is released. Psych supportive housing will continue LAI naltrexone.

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- How many rows in the spreadsheet for this individual?

CASE STUDY: INDIVIDUAL #567 - DATA REPORTING QUESTION

- How many rows in the spreadsheet for this individual? **Two.**

CASE STUDY: INDIVIDUAL #567 - DATA ENTRY

#1. The number of inmates diagnosed with a mental health disorder; an opioid use disorder; a non-opioid substance use disorder; and a dual diagnosis of mental health and substance use disorder.				#2. The number and cost of assessments for inmates in local correctional facilities, including the number of unique inmates examined.	#3. The number of inmates who were receiving medication or MOUD for opioid use disorder immediately prior to incarceration.	#4. The type and prevalence of medication or MOUD for opioid use disorder provided.				
Inmate ID	Diagnosis	Opioid use disorder	Non-opioid substance use disorder	Number of assessments	Treatment prior to incarceration	Type of treatment	Other	Route of Administration	Frequency	Treatment start date
#567	Dual diagnosis			3	Yes	Suboxone/Buprenorphine				4/10/2023
#567	Opioid use disorder			1	Yes	Naltrexone (Vivitrol)		Injection		4/20/2023

#6. The number of inmates for whom medication and MOUD for opioid use disorder was prescribed.	#7. The number of inmates for whom medication and MOUD was prescribed and initiated.	#9. The number of inmates who continued to receive the same medication or MOUD for opioid use disorder as the inmate received prior to incarceration.	#10. The number of inmates who received a different medication or MOUD for opioid use disorder compared to what the inmate received prior to incarceration.	#12. The number of inmates who discontinued medication or MOUD for opioid use disorder during incarceration.	#13. A review and summary of the percent of days, including the average percent, median percent, mode percent, and interquartile range of percent, for inmates with opioid use disorder receiving medication or MOUD for opioid use disorder as calculated overall and stratified by other factors, such as type of treatment received.			#15. The number of inmates receiving medication or MOUD prior to release for whom the facility had made a pre-release reentry plan.	
Prescribed treatment	Initiated treatment	Same treatment	Different treatment	Discontinued treatment	Jail intake date	Jail release date	Treatment end date	Reentry plan	
Yes	Yes	Yes	No	Yes, voluntary	4/1/2023		4/18/2023		
Yes	Yes	No	Yes	No	4/1/2023	4/20/2023		Yes	



QUESTIONS AND DISCUSSION

CONTACT INFORMATION

Brandi Cahn

Kesselman Leonberger

Assistant Director, JRA

brandi.cahn1@maryland.gov

rachelm.kesselman@maryland.gov



Rachel

Senior Editor & Data



Brianna McMahon

Correctional Treatment Coordinator

brianna.mcmahon@maryland.gov



Nathan Kemper

Director Maryland Statistical Analysis Ctr

nathan.kemper@maryland.gov

CONTACT US

FOR ANY QUESTIONS OR COMMENT

JEAN GLOSSA, MD, MBA, FACP
PROJECT DIRECTOR

jglossa@healthmanagement.com

EMMA MARTINO
PROJECT COORDINATOR

emartino@healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES



QUESTIONS AND DISCUSSION

QUICK EVALUATION POLL

Overall, today's training session was:

NEXT STEPS

Register for 1:1 virtual and in person individualized coaching & support for your jurisdiction - [link here.](#)

Engage in Wednesday virtual sessions through June:

- June 21 – MAT Case Studies & Withdrawal Management, Shannon Robinson, MD
- June 28 – Program Wrap-up and Best Practices

**Participatory
stipends
available to
offset costs –
up to \$25k**

6/14/2023



COVERAGE. CARE. CONNECTIONS.



CONTACT US

FOR ANY QUESTIONS OR COMMENT

JEAN GLOSSA, MD, MBA, FACP
PROJECT DIRECTOR

jglossa@healthmanagement.com

EMMA MARTINO
PROJECT COORDINATOR

emartino@healthmanagement.com

HEALTH MANAGEMENT ASSOCIATES